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MILWAUKEE, WI 53202-4497				Richard T. Roche (Depositor's name)			
				/Richard T	. Roc	he/	(Signature)
				October 15,	200	8	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/767,642	01/29/2004	01/29/2004		Scott P. Steinmann		630666.91179	5403
TITLE OF INVENTION	RADIAL HEAD REP	ACEMENT SYSTEM					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0		\$1740	11/28/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS	ASS			
MILLER, C		3738	623-018110	-			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> </ol>			2. For printing on the patent front page, list Quarles & Brady, LLP				
CFR 1.303).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(I) the names of up to 3 registered patent attorneys or agents OR, alternatively.				
		(2) the name of a single firm (having as a member a 2					
PTO/SB/47: Rev 03-0	ication (or "Fee Address 2 or more recent) attacl	(2) the name of a single firm (having as a member a 2 registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
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			THE PATENT (print or typ				
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(A) NAME OF ASSIG		(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Mayo Foundation for Medical Education and Research Rochester, Minnesota							
Please check the appropri	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🖾 C	orporati	on or other private grou	p entity 🗖 Government
4a. The following fee(s)	are submitted:	41	o. Payment of Fee(s): (Plea	se first reapply a	ny prev	lously paid issue fee sl	hown above)
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	/Richard T.			0.0		r 15, 2008	
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	Dichard T	Pocho				38.599	

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08/27/2008

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